



**South Dakota Board of Nursing**  
South Dakota Department of Health  
722 Main Street, Suite 3; Spearfish, SD 57783  
(605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

**Nurse Aide**  
**Application for Faculty Changes to a Currently Approved Training Program**

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period. Written approval or denial of a requested change will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing  
722 Main Street, Suite 3  
Spearfish, SD 57783

Name of Institution: Avera Education & Staffing Solutions/Prarie Estates  
Address: 1000-W. 4th St. Suite 9  
Yaukton SD 57078  
Phone Number: 605 6688475 Fax Number: 605-668-8483  
E-mail Addresses of Primary Coordinator and/or Instructor: Gmagc@avera.org

- ☒ **Request New Program Coordinator** must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)
- ☐ Attach curriculum vita, resume, or work history

Name of Program Coordinator		RN LICENSE	
State	Number	Expiration Date	Verification
SD	R032342	05/09/14	(Completed by SDBON)

- ☒ **Request New Primary Instructor** as actual teacher of course material; must be a RN or LPN with 2 years nursing experience, at least one of which is in the provision of long-term care services. (ARSD 44:04:18:11)
- ☐ Attach curriculum vita, resume, or work history,
- ☐ Attach documentation supporting previous experience in teaching adults within the past 5 years or documentation of completing a course in the instruction of adults.

Name of Primary Instructor		RN OR LPN LICENSE	
State	Number	Expiration Date	Verification
SD	R032342	05/09/14	(Completed by SDBON)

- ☒ **Request New Supplemental Personnel** to assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12)
- ☐ Attach curriculum vita, resume, or work history.

Supplemental Personnel & Credentials		LICENSURE/REGISTRATION	
State	Number	Expiration Date	Verification
IA	116091	04/15/14	(Completed by SDBON)
SD	R039990	07/17/14	(Completed by SDBON)

Program Coordinator Signature: Gwen Maga Date: 05/01/13

**This section to be completed by the South Dakota Board of Nursing**

Date Application Received: <u>5/13/13</u>	Date Application Denied: <u>        </u>
Date Approved: <u>6/4/13</u>	Reason for Denial: <u>        </u>
Expiration Date of Approval: <u>June 2015 April</u>	
Board Representative: <u>South</u>	
Date Notice Sent to Institution: <u>6/4/13</u>	

October 20, 2011